United Nations A/54/664/Add.1

General Assembly

Distr.: General
20 December 1999

Original: English

**Fifty-fourth session**
Agenda item 119
**Programme budget for the biennium 1998-1999**

# United Nations Fund for International Partnerships

## Report of the Secretary-General

**Addendum**

*Summary*

In line with the report of the Secretary-General on the United Nations Fund for International Partnership (UNFIP), the following addendum is submitted to inform Member States on progress in respect of the Programme Framework Group on children's health, which was launched at the beginning of 1999.

The overarching objectives of the children's health framework are to contribute to a reduction in child mortality and to support the strengthening of public health systems. With these objectives in mind, the framework adopts three specific priorities — namely, support to the ongoing WHO and UNICEF global polio eradication initiative; preventing tobacco use and reducing child mortality. Within the third category, the following four sub-priorities were selected for particular attention: preventing HIV/AIDS among youth, enhancing micronutrient delivery, supporting sustainable vaccine delivery, and strengthening community knowledge about the needs of ill children.

The children's programme framework was formulated by representatives of UNAIDS, UNFPA, UNICEF, WHO, the World Bank, Emory University and Johns Hopkins University. Representatives of the United Nations Foundation and United Nations Fund for International Partnerships participated in the group as ex officio members. It is expected that approximately $20 million will be available for children's health projects from the United Nations Foundation, on an annual basis.

The report opens with an executive summary. Chapter I describes the framework — its rationale and goals, and the three priority areas on which it focuses. Chapters II-IV discuss those areas in detail, and chapter V deals with evaluation and monitoring.

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## Executive summary

1. The United Nations Foundation will make grants to the United Nations system of approximately $20 million per year in support of projects to improve children's health. Depending on one's perspective, this is either a tremendous amount of money or a drop in the proverbial bucket. Either way, the money has the greatest potential to better the health of many children if it is invested so as to promote lasting change, such as strengthening the public health system or forever ridding the world of a disease like polio.

2. The Foundation has a unique opportunity to promote such long-term change by working to support the activities of the United Nations. The United Nations has strong technical professionals, builds upon years of established work with countries, and has unparalleled access to national Governments that expect the United Nations to be a partner for years to come. Strengthening the United Nations ability to improve the health of children is likely to benefit children today as well as children born in future years. For those children, the United Nations must continue to adapt to a changing world that will likely include decentralized Governments, more involvement by non-governmental organizations and other private-sector organizations, and difficult challenges posed by countries in conflict.

3. The Programme Framework Group (PFG) on children's health has considered these perspectives in selecting preventive health areas to recommend for UNF support. It has also taken into account the World Declaration on the Survival, Protection and Development of Children, and the Plan of Action for Implementing the Declaration, adopted by the World Summit for Children. Our overarching consideration has been to identify specific and unique niches in which UNF support can truly bring about a catalytic change to decrease child mortality and strengthen the public health system. A focus on strengthening the public health systems in selected countries will likely provide benefits that extend beyond the current framework.

## UNF's overall consideration: improving public health capacity/infrastructure

*Polio*

4. Polio is one of the few diseases that can be eradicated, provides a unique public health opportunity for the Foundation to make a lasting contribution to humanity. Eradication is anticipated by 2000, with active global surveillance efforts through 2005 to ensure that the world is truly rid of the disease. The final stages of polio eradication are the most difficult and costly, because the remaining countries pose unique challenges, including internal conflicts. The Foundation will take on a partnership flagship role to raise additional sector funds to support the eradication initiative.

*Tobacco*

5. Tobacco is the single most lethal agent known to humanity — more people die of tobacco-related diseases each year than from any bacteria or virus. Tobacco companies continue to successfully market their addictive products to children (particularly in developing countries); 90 per cent of those who smoke begin doing so before their eighteenth birthday. UNF support would help to spread knowledge of the relevant Minnesota (United States) lawsuit to the global community; "taxation for health" policies to increase the price of tobacco products, thereby decreasing consumption; and media/education initiatives that would involve adolescents in developing counter-advertisements.

*Child mortality*

6. Efforts to reduce child mortality continue to be a high priority for the developing world. In order to promote the greatest decrease in child mortality, UNF support will be targeted in four areas, described below, and will be focused on a selected number of countries.

7. The HIV/AIDS epidemic has the potential to nullify many of the achievements in child survival. UNF support would seek to prevent transmission of HIV to youth by promoting voluntary, confidential testing and counseling; determining the best infant feeding options for HIV-infected mothers; and developing youth-oriented HIV prevention communication messages that involve youth as active

partners. Specific attention will be given to building partnerships with the private sector and World Bank.

8. Adequate dietary micronutrients (i.e., vitamins and trace elements) can dramatically decrease child mortality/morbidity. UNF support would: facilitate micronutrient delivery by encouraging private sector partnerships to modify staple foods (e.g., rice, wheat, flour, noodles); evaluate zinc's potential to decrease mortality and morbidity (possibly from diarrhoea, respiratory diseases, and malaria); and work towards clarifying the link between lack of micronutrients and low-birth-weight babies, who are more likely to become ill and die. (Reducing low birth rate is a priority in the Plan of Action adopted by the World Summit for Children.)

9. Vaccines are one of the most cost-effective preventive health measures for decreasing child mortality. However, vaccine coverage rates in some countries are unacceptably low (in the range of 30 per cent, rather than the desired 80 per cent). Efforts would be supported to enhance sustainable vaccine delivery. In particular, innovative ideas would be supported for reaching the unreached and providing incentives to increase vaccine coverage.

10. Through community outreach, the Foundation would seek to combat a major cause of child mortality in some developing countries — namely, the community's lack of knowledge of when to seek health care for an ill child, whether (or what) to feed an ill child, and how to administer medications to an ill child. This outreach would occur in the context of the Integrated Management of Childhood Illnesses initiative.

**Expected outcomes**

1. Strengthened public health infrastructure/ capacity at the community and national levels to prevent disease and address the health needs of populations in selected countries

2. Reduced childhood mortality, near eradication of polio, and increased awareness and knowledge of tobacco's adverse health effects

# I. UNF/UNFIP programme framework for children's health

## A. The programme framework rationale

11. The United Nations Foundation (UNF) expects to provide approximately $20 million per year to support United Nations efforts to improve children's health by enhancing global public health systems via selected preventive health strategies. (The total amount of requested support during each annual funding cycle is expected to exceed that amount.) This funding is highly limited in relation to total United Nations programmes relating to children's health issues and to the even larger challenges and resource needs identified in the World Declaration and Plan of Action adopted by the World Summit for Children. In order to maximize the impact of the Foundation's assistance, the UNF Board has stipulated that support should focus sharply and strategically on a narrow set of objectives and programmes.

12. While UNF funding cannot be expected to resolve children's health issues on a global scale, if used strategically it can foster major progress in identifying and testing policies and programmatic approaches that address those issues. Moreover, by demonstrating effective policies and programmatic approaches and sharing successful experiences with others, activities supported with UNF funding could help to create the conditions that will accelerate progress towards global implementation of the World Declaration and Plan of Action of the World Summit for Children. Resources for large-scale expansions would likely need to come primarily from countries themselves, perhaps with support from major lending and grant-making institutions as well as from the private sector, rather than from UNF.

## B. Goals of the framework process

13. The Programme Framework Group (PFG) on children's health met for the first time on 3 and 4 March 1999 to discuss and prioritize selected areas for UNF funding. On 1 April, the Group met again to refine further the priority areas and discuss measurable and achievable outcomes for the framework.

14. The participants in the FPG were:

Dr. Awa Marie Coll-Seck
Joint and Coordinated United Nations Programme on HIV/AIDS (UNAIDS)

Dr. Nicholas Dodd
United Nations Population Fund (UNFPA)

Dr. David Alnwick
United Nations Children's Fund (UNICEF)

Dr. James Tulloch
World Health Organization

Dr. Anthony Measham
World Bank

Dr. William Foege
Emory University

Dr. Dory Storms
Johns Hopkins University

Ex officio:

Dr. Mary Agócs
United Nations Foundation

Ms. Chandi Kadirgamar
United Nations Secretariat, UNFIP

15. The framework development process took the following into account:

(a) Children's health — preventing common and serious diseases among children and reducing risk factors for disease (such as tobacco use);

(b) Public health infrastructure;

(c) UNF's priorities (to facilitate partnerships, "tell the story" of the United Nations successful accomplishments, and raise additional resources in support of United Nations causes);

(d) The World Declaration and Plan of Action of the World Summit for Children;

(e) Lessons learned and replication of best practices;

(f) Likely short-term successes (such as polio eradication) and laying the groundwork for possible future successes;

(g) Overlapping with and thus possibly enhancing activities in the UNF's programmes on population and women.

16. The table below provides an overview of the selected health areas of emphasis. Within each health area, specific and well-defined priorities have been identified for support. This document describes those areas in detail.

17. The PFG also noted that UNF's resources could be used to help facilitate rapid, joint action in the United Nations system and thereby provide an opportunity for the system to work in a more flexible and responsive manner.

### C. Priority areas of the framework

18. The three-year framework is oriented in terms of preventing disease and risk factors for disease. However, the PFG understands the importance of taking a broad perspective on children's health. In particular, the ongoing restructuring of many national health systems (health sector reform) has important implications for many aspects of children's health. The framework thus focuses on specific child health problems and concrete ways to maximize UNF's impact on the larger public health system. In particular, enhanced local capacity in a specific health area — say, involving adolescents in developing HIV media communications — is likely to be beneficial in other health areas. Efforts to strengthen the public health system should be emphasized in the overall framework, in each area of emphasis within the framework, and in specific projects that result from the framework.

## II. Eradicating polio

19. The UNF has committed itself to becoming a partner with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in their global initiative to eradicate polio and certify its eradication in 2005. UNF will make a significant grant of $25 million to the initiative and will be active in raising the remaining capital needed, in partnership with WHO and UNICEF, from the public and private sectors. UNF is supportive, in particular, of the ongoing polio eradication efforts to strengthen the public health infrastructure/capacity.

Table
**Children's health priorities in relation to estimated contribution, of UNF**
(June 1999)

| | *UNF priorities* | | | *Public health infrastructure* | | |
|---|---|---|---|---|---|---|
| *Children's health priorities* | *Partnerships* | *Raise funds* | *Grantmaking*[a] *(Millions of United States dollars)* | *Increase United Nations capacity* | *Increase non-United Nations capacity* | *Overlap with UNF programmes on population and women* |
| Polio eradication | ++++ | ++++ | 5 | ++ | +++ | |
| Preventing tobacco use | +++ | | 2 | ++ | ++ | +++ |
| Reduction of child mortality | | | | | | |
| Preventing HIV/AIDS among youth | +++ | | 5 | ++ | + | +++ |
| Delivering micronutrients | ++ | + | 2.5 | + | + | + |
| Sustainable vaccine delivery | +++ | | 3 | +++ | ++ | |
| Community health knowledge | ++ | | 3 | ++ | +++ | |

*Note*: Estimated contribution is indicated by plus marks, with a maximum of ++++.

[a] Annual budgetary estimate.

20. The PFG recommended that the WHO plan of action for polio eradication should provide the overall framework for UNF involvement. UNF would solicit a request for funding from WHO and UNICEF on a semi-annual basis, thereby ensuring that monies distributed through UNF would harmonize with the global eradication plan. To take into account the needs of UNF and UNF partner donors, UNF has established the Polio Eradication Project Strategic Advisory Committee to work closely with WHO and UNICEF. The Committee will provide expert technical input to the UNF Board to help ensure that resources provided through UNF contribute strategically to priority activities and geographical areas. Additional project proposals are not being entertained in the area of polio eradication.

21. Within the context of UNF support to the global polio eradication initiative, the PFG:

(a) Strongly endorsed the flagship role taken by UNF to raise funds, in partnership with Rotary International, WHO, and UNICEF, from the private sector;

(b) Suggested that the monies raised be disbursed in as flexible a manner as possible;

(c) Suggested that UNF might offer unique assistance (possibly drawing upon Board members) to the eradication efforts in countries in conflict and provide a unique opportunity to demonstrate that public health can triumph over politics;

(d) Recommended that UNF should emphasize strengthening public health infrastructure and surveillance, with an eye to enhancing the capability to deliver other vaccines;

(e) Urged the United Nations system to award prizes and incentives, in particular, to the 30 poorest countries if they reach 80 per cent coverage in routine polio immunizations. Coverage rates should be verified by an external review process, and rewards should be given to the directors of the Expanded Programme on Immunization as well as other individuals. Rotary may have an important role in providing funds for prizes;

(f) Strongly supported UNF's idea to tell the story of the United Nations efforts via the media and support the development of case studies that could be used in academic settings (e.g., business, sociology or development-related fields.)

*Measurable and achievable outcome*

Additional resources are raised for polio eradication activities.

*Examples of process indicator*

Increased numbers of partnerships among foundations and the United Nations in terms of strengthening the public health infrastructure/ capacity via polio eradication.

*UNF-related funding to date*

22. In September 1998, UNF funded a UNICEF project for $3,090,000, titled "Towards the eradication of poliomyelitis in war-afflicted countries". In May 1999, UNF funded a WHO project for $5 million, on "Acceleration of the polio eradication initiative in global reservoir countries — Nigeria and Democratic People's Republic of Congo".

## III. Preventing tobacco use

23. Tobacco has become the single most lethal agent to humanity. More people die of tobacco-related diseases each year than from any bacteria or virus. The number of tobacco-related deaths in developing countries is growing exponentially and will soon surpass those in wealthier countries. Tobacco addiction is a child health problem because 90 per cent of those who smoke in the most developed countries begin doing so before their eighteenth birthday. In developing countries some begin as early as six years of age. Tobacco companies continue to market their addictive products to children (particularly in developing countries) by direct and indirect means, such as sporting events. The global community has acknowledged its concern regarding tobacco advertising in the Convention on the Rights of the Child. The Convention stipulates that countries should protect children from exposure to deceptive and misleading information on known hazardous agents such as tobacco.

24. The UNF's early involvement in mitigating tobacco use has helped jump-start the current project "Building alliances and taking action for a generation of tobacco-free children and youth", in which WHO joins hands with UNICEF, the World Bank, and a range of non-governmental organizations. This project is illustrative of how UNF can play a catalytic supportive role in enhancing United Nations initiatives and inter-agency collaboration.

**Areas for UNF focus**

25. The PFG recommended an initial framework for a one-year time period. During that time, UNF should consult with the Policy and Strategy Advisory Committee for the WHO Tobacco-free Initiative to determine whether their planned activities could constitute a framework, with specific goals and outcomes, that might be used for UNF funding. The Committee was recently formed and consists of representatives of the United Nations, Governments, and non-governmental organizations (e.g., United States, Centers for Disease Control and Prevention, Council of World Medical Association, National Center for Tobacco-Free Kids.) For the one-year framework, the PFG recommended:

(a) Legal and legislative issues: UNF should support the global dissemination and implementation of knowledge and best practices about the use of effective legislation and positive outcomes of recent litigation in the United States and elsewhere to advance tobacco control. A critical review is needed to determine where litigation is most likely to yield gains for tobacco control among youth. In addition, a base must be built for national legislation for tobacco control to adapt information in a realistic manner for developing countries;

(b) Incentives for health: These would include taxes that are applied to tobacco products, with the revenues going to improve health — for example, to fund advertisements against tobacco. Taxation for health can be a real win/win situation, since the Government generates money and people smoke less. In some countries, over 10 per cent of government revenue comes from such taxes. Countries should also be supported in efforts to determine their own unique incentives which might include financial rewards for reductions in adolescent smoking rates. Increasing taxes on cigarettes has been demonstrated to be an effective way to decrease cigarette consumption, especially among youth.

(c) Media/education: The primary focus should be on how best to involve adolescents in developing counter-advertisements for tobacco products. Involving adolescents in such projects would have additional value, since those involved would learn better to express themselves.

26. With the UNF focus, additional value includes:

(a) Strengthening partnerships within the United Nations system (as has already been demonstrated with the early collaboration with WHO, UNICEF and the World Bank), outside the United Nations system, and with non-governmental organizations, Governments and adolescents;

(b) Improving the public health capacity/ infrastructure, through the United Nations ability to promote more socially responsible governmental policy; and strengthening the ability of national public health systems to work better with the government and non-governmental organizations with regards to tobacco.

*Measurable and achievable outcomes*

1. Increased country capacity of the public health system to mitigate tobacco use by means of multisectoral strategies

2. Increased awareness and knowledge of tobacco's adverse effects on health.

*Examples of process indicators*

1. Determine which countries have legal systems that are appropriate for legal intervention

2. Provide Governments with information on the possibility of using taxes on tobacco products as incentives to decrease tobacco use

3. Increase involvement of youth in tobacco communications programmes, and determining whether such an approach is successful

4. Determine the best methodologies to develop effective tobacco prevention messages that involve the youth as active partners in the process

5. Increase in-country capacity to develop effective tobacco prevention communication programmes involving youth as active partners.

*UNF-related funding to date*

27. Funding over multiple years is $10 million, including $4.3 million already allocated, thus: in September 1998, UNF funded a joint WHO/UNICEF project "Building alliances and taking action for a generation of tobacco-free children and youth" for $2.8 million; in May 1999, UNF funded a media project, titled "Tobacco kills — Don't be duped. A tobacco-free world media initiative", for $1.5 million.

# IV. Reducing child mortality

28. The World Declaration and Plan of Action of the World Summit for Children sets out measurable objectives for children's health, with reduction of mortality as the first item on the list. Although tremendous achievements have been made in child survival (e.g., infant mortality has declined by 51 per cent in the past 36 years), about 10 million-15 million children under five years of age still die each year; 97 per cent of those deaths occur in the developing world. UNF seeks to bring continued attention to this problem and to foster new and innovative approaches to reducing child mortality. Within the broad area of reducing child mortality, UNF identified four sub-areas for support, described below, and focused upon a selected number of countries.

## A. Preventing HIV/AIDS among youth

29. The HIV/AIDS pandemic is a large and growing health tragedy that has the potential to reverse many of the achievements made in child survival. HIV/AIDS is a complex problem, and only multisectoral approaches are likely to be successful. The PFG commented that this is an area of increasing inequity of resources between rich and poor areas of the world. It recommended an initial focus that links aspects of work currently being done to foster behavioural change with efforts to prevent HIV transmission from infected mothers to their uninfected children.

30. Behavioural change has been shown to prevent HIV/AIDS infection of children and adolescents. In Uganda, for example, interventions that included behavioural change programmes resulted in significant reductions in the incidence of new infections among 13-24 year-olds, women at antenatal clinics, and persons at voluntary testing centres. However, additional information needs to be gathered to determine the impact of specific programme components and how best to reach those most in need. This work needs to be done in the context of educating people about sexuality, ensuring confidentiality during testing of HIV status, and preventing other sexually transmitted infections.

31. Transmission of HIV from infected mothers to uninfected children is a large and growing problem around the world. For example, 25 per cent of pregnant women are HIV-infected in some African countries.

HIV-infected mothers may transmit the virus to their babies during birth (estimates of the rate of infection are 20-25 per cent) or while breastfeeding (an additional estimated 15 per cent). The transmission of the virus can be prevented if the mothers are identified as infected, provided with counselling, given medication during the birth (e.g., AZT), and are provided with adequate alternatives to breastfeeding under safe conditions. Unfortunately, safe alternatives to breastfeeding are not always within the reach of mothers, due to their cost and inadequate access to clean water. This issue is a major challenge for the developing world where the majority of children need the protective benefits of breastfeeding. The issue is also a challenge to the development community which has focused on the "Breast is Best" initiative for several decades.

32. The PFG stressed the great urgency of this work. Although HIV infection of newborns can be prevented, this area has been somewhat neglected because of the complex issues involving testing, counselling, providing safe alternatives to breast milk, and the ethical dilemma of saving the lives of children whose mother (and possibly father) will eventually die of HIV/AIDS. The PFG also noted that AZT is expensive, and the UNF would most likely not support the purchase of any medications.

**Areas for UNF focus**

33. The PFG recommended that UNF provide support in the three areas discussed below, which could be linked together:

(a) Improving access to voluntary, confidential HIV testing and counselling. Such counselling has been shown to be an important element in sparking behavioural change that will minimize the risk of HIV infection. Testing and counselling needs to be provided in "youth friendly" ways and in creative settings. Enhanced links with the public and private sectors are likely to increase the availability of test kits. Programmes that are comprehensive and well thought out are needed. In addition, the capacity of in-country public health systems should be strengthened to address this issue;

(b) Determining the best infant feeding options for HIV-infected mothers. It is imperative to determine how HIV-infected mothers in the developing world should feed their infants. A recommendation not to breast feed an infant would eliminate the risk of infection through breastfeeding. This may, however, lead to more infant deaths, due to the unavailability of clean water and infant formula. The PFG recommended that the UNF support fieldwork to answer this fundamental question. The PFG also noted that the UNF should focus on providing guidance on how to make appropriate alternatives available, including infant formula, while controlling spillover of the use of alternatives among mothers who are not HIV-infected. Much innovative work could be done with national Governments and appropriate ministries (such as health) to ensure that this important problem is being solved;

(c) Developing HIV prevention communication strategies that actively involve youth as partners. Involving youth in HIV-prevention communication strategies may be a key element to spread effectively messages about how to lower the risk of acquiring HIV. Youth should be active partners in this process, with a role in shaping the messages and how they would be communicated to the youth community.

34. With the UNF focus on these areas, additional value includes:

(a) Strengthening partnerships by catalysing the organs of the United Nations system to work more closely together and increasing the role of UNAIDS on these issues and by urging close collaboration with the World Bank which increase its involvement and thereby use its resources to leverage the work of other partners; in the public/private sector, facilitating the role of non-governmental organizations and encouraging increased partnerships with industry to provide rapid test kits for HIV status and to strengthen corporate responsibility in providing infant formulas in the context of the HIV pandemic;

(b) Improving the public health capacity/infrastructure by strengthening capacity to understand what were the successful components of the interventions and thereby to spread best practices; enhancing the United Nations ability to work even more closely with the private sector; supporting local and national capacity to address the HIV epidemic in terms of the identified priority areas;

(c) Links to UNF programme areas on population and women particularly in projects and programmes that target adolescents in terms of behavioural change.

*Measurable and achievable outcomes*

1. Increased capacity of national and United Nations public health systems to reduce HIV incidence among youth;

2. A reduction in HIV incidence among youth.

*Examples of process indicators*

1. Increased access to voluntary HIV testing and counselling in antenatal clinics and other settings appropriate for the youth in developing countries

2. Increased in-country capacity to provide youth with voluntary, confidential HIV testing and counselling, thereby facilitating sustainability

3. Scientifically grounded counselling of HIV infected women in the developing world on the most suitable option for infant feeding (i.e., the development of guidelines)

4. Increased involvement of youth in HIV/AIDS communications programmes, and determining whether that is a successful approach to mitigating the spread of HIV

5. Increased in-country capacity and determination of the best methodologies to develop effective HIV prevention messages and programmes that involve the youth as active partners in the process

6. Reduced proportion of boys and girls having first sex before the age of 15.

*UNF-related funding to date*

35. Funding is $5 million over three years, allocated as follows: in September 1998, UNF supported a $3,090,000 UNICEF project "Prevention of mother-to-child transmission of HIV/AIDS: field implementation in seven developing countries"; in May 1999, UNF approved support for a UNAIDS behaviour change project in southern Africa, totalling $1,865,650.

## B. Enhancing micronutrient delivery

36. Micronutrients — vitamins and trace minerals such as iron, iodine, zinc, and vitamin A — are, along with vaccines, some of the most cost-effective child health interventions. (Macronutrients are the carbohydrates, fats, and proteins that make up about 90 per cent of what we eat.) Children whose diets (or whose mother's diets) lack micronutrients may suffer a number of adverse health effects and illnesses, with social and economic costs to society. The Plan of Action of the World Summit for Children provides examples:

(a) Inadequate consumption of iron can increase the risk of prematurity, low-birth-weight, and infant mortality;

(b) Inadequate consumption of iodine can cause mental retardation and possibly mortality;

(c) Inadequate intake of Vitamin A can cause vision problems and mortality.

**Areas for UNF focus**

37. The PFG recommended that UNF support the following areas:

(a) Delivering micronutrients. The PFG recommended that UNF focus on delivering a group of micronutrients (with particular emphasis on iron) to high-risk populations in a sustainable manner. A product that contains a group of micronutrients could be delivered to children by specifically fortifying foods that children or pregnant women are most likely to eat. In addition, creative ways to deliver a micronutrient "product" could be considered but would have to be worked out in a manner that ensures sustainable availability to the poorest of the poor. The PFG noted that the number of new initiatives in these two areas have been inadequate, given the ability of micronutrients to prevent morbidity and mortality. New initiatives should give particular attention to bringing in the private sector as active partners.

The PFG recommended that UNF focus on developing innovative approaches and "generic" solutions to delivering micronutrients through staple foods (e.g., wheat, maize, flour, rice, oils, noodles) that are consumed by vulnerable subgroups of the population. This might involve working with the private sector to facilitate fortification of foods (i.e., the addition of micronutrients to staple food products) or to breed micronutrient-dense plants that produce a high crop yield;

(b) Role of zinc. The PFG noted that recent evidence suggests that adequate dietary zinc can prevent childhood morbidity and possibly mortality from diarrhoea, respiratory diseases, and malaria. If these preliminary findings are substantiated, zinc should be included in the group of micronutrients

delivered to vulnerable populations. However, before the public health community can recommend a focus on zinc, a well-designed study must be completed to determine whether or not zinc does truly have these benefits. Given UNF's limited resources, the study may consider the use of extrapolations to determine zinc's impact on mortality;

(c) Low birth weight. WHO defines low birth weight (LBW) as a birth weight below 2,500 grams, or about 5.5 pounds. Two processes, separately or in combination, govern birth weight: duration of gestation, and intrauterine growth rate. Shortened gestation and birth weight both have an important effect on foetal and neonatal mortality and the risk of morbidity and disability, although pre-term birth carries a greater risk. LBW babies that live are more likely than babies of normal birth weight to have congenital anomalies, neuromuscular handicaps, require more health services, do poorly in school, increase family health costs, and disrupt the normal functioning of the family.

Although the rate of LBW in developed countries is constant at around 7 per cent, the rate has been much higher (17 per cent) in less developed countries, with big differences between regions and little change in the past 15-20 years. Bangladesh, India and Pakistan have the highest rates of LBW (50, 30 and 25 per cent, respectively) and contribute most to the overall rate of 21 per cent for Asia. In Nigeria and Zaire, more than 15 per cent of babies have low birth weight. The rate of pre-term births in the developed world has been about 7 per cent; estimates for less developed countries are above 10 per cent.

Unfortunately, inadequate information is available to determine what causes LBW and how to best prevent it in the developing world. The problem is highlighted in the Plan of Action of the World Summit for Children which calls for work to reduce LBW to less than 10 per cent of births. Among the global causes of LBW may be limited access to micronutrients, particularly iron and iodine. Other risk factors may include malnutrition, smoking by the pregnant woman, exposure to passive tobacco smoke during pregnancy, infection during pregnancy, and cultural practices that discourage women in Asia from gaining weight during pregnancy.

38. The PFG agreed that United Nations agencies should begin to lay the groundwork for working in this area. The PFG noted that a one-year effort would provide ample opportunity to bring together a technical working group to identify interested partners and outline major issues. In particular, during the year, that group should:

(a) Describe the problem of LBW — estimating trends, changing patterns, and variability within targeted countries in the general population and with regard to pertinent ethnic groups. Information should also be presented to describe whether present norms for LBW should be re-evaluated for Asia;

(b) Estimate the determinants of LBW. Risk factors may include, but are not limited to, lack of micronutrients, cultural habits, birth spacing, inadequate food intake, and exposure to tobacco. Existing and new research (including the latest scientific understanding of foetal development) and programme experiences would be examined through work with relevant institutions, including those in areas of the world with a notable LBW problem. Hypotheses should be generated and prioritized, and studies to address the hypotheses should be recommended;

(c) Use the gathered data to define the scope of the next phase of work — paying particular attention to the fact that LBW is likely linked with many issues and that it is important to prioritize and not lose focus. In particular, the association between LBW and inadequate access to micronutrients should be addressed;

(d) Present the scope of work to the global public health community, with particular emphasis on the countries that have the greatest problem.

39. The PFG noted that part of the scope of work would probably include a conference where these issues would be discussed and prioritized. (The PFG also recognized that, in general, the UNF prefers not to fund conferences.)

40. With the UNF focus on these areas, additional value includes:

(a) Strengthening partnerships with the private sector (e.g., salt producers, the agricultural sector); within the United Nations between its "health" institutions and its "food/agricultural" institutions; and in terms of the work on low birth weight, with the United Nations and outside institutions, such as universities, and within the United Nations system;

(b) Raising additional resources for the United Nations, especially with the engagement of civil societies, such as Kiwanis;

(c) Improving the public health capacity/infrastructure, by encouraging the public health community to adopt a more cohesive intersectoral approach to delivery of micronutrients, specifically by considering micronutrients as a "group" rather than focusing on one at a time; by determining the role of zinc in decreasing child mortality and knowing whether or not to recommend its administration to children, and by improving the capacity of the United Nations public health system better to address the issue of low birth weight and, in particular, its relationship to micronutrients;

(d) Links to UNF programme areas on population and women and to other components of the children's health programme, for example, micronutrient deficiency among pregnant women (adolescent girls).

*Measurable and achievable outcomes*

1. Strengthened United Nations and national public health systems in terms of capacity (via training) and partnerships

2. Decreased childhood morbidity and mortality

*Examples of process indicators*

1. Fortification of food items frequently consumed by children with a group of micronutrients

2. Consumption by children of the fortified food product

3. Supplementation with a group of micronutrients targeted to pregnant women and children

4. Consumption of the supplements by pregnant women and children

5. Positive media messages that highlight the successful partnership between the United Nations and the private sector/salt producers

6. A multicentre study on zinc's impact on child mortality and morbidity

7. In the developing world, a better description of the problem of low birth weight, a better understanding of potential risk factors, including its association with micronutrients, and development of consensus on the next steps, if needed

8. Explicitly defined and expanded public/private-sector partnerships

9. Increased capacity of persons who work in national public health systems adequately to address the problem of micronutrient deficiencies

10. Integration of micronutrient issues into existing public health activities

*UNF-related funding to date*

41. Funding is $2.5 million, part of it allocated as follows: in May 1998, UNF supported a $860,000 UNICEF project, entitled "Saving mothers' lives in West Timor" which provided pregnant women with vitamin and mineral supplements on a weekly basis; in January 1999, UNF supported a $1 million project, titled "Elimination of iodine deficiency as a public health problem: reducing mental retardation of children in Africa's 'Goiter Belt'", in partnership with Kiwanis, to ensure that iodized salt is made available in as sustainable a manner as possible.

## C. Sustainable vaccine delivery

42. Although vaccines are one of the most cost-effective ways to reduce child mortality, many children in the poor areas of the world do not have access to childhood vaccines. In some countries, only 30 per cent of children are vaccinated. Even fewer children have access to the recently licensed and expensive vaccines that are likely to have a huge impact on reducing child mortality (such as the vaccine against rotavirus, a cause of diarrhea). Developing new methods for sustainable vaccine delivery would not only benefit the poorest of the poor, but would be a prime issue around which to leverage additional resources. In particular, the successful polio eradication efforts are a valuable global platform of human resources and partnerships that should be used to deliver other vaccines and preventive health services.

**Areas for UNF focus**

43. The PFG recommended that UNF support the following areas:

(a) Creative ways to deliver vaccines. New and creative means are needed to deliver vaccines in a sustainable fashion. They should build upon the valuable lessons learned from national immunization days used to administer polio vaccine. The Sustainable Outreach Services (SOS) initiative of WHO / UNICEF provides an example of such an approach. SOS works with communities that live beyond the reach of usual health services to determine which preventive health interventions are most needed. Interventions are then delivered during a few days of coordinated community activity. Thoughtful approaches are also required in order to increase vaccine delivery in urban areas, such as ensuring that health facilities are open during the evenings or weekends. In addition, vaccine delivery within countries in conflict is a unique challenge;

(b) Innovative incentives for vaccination. Promoting innovative incentives may also increase vaccine coverage. For example, awards could be given to district-level managers as part of the district-level health system. In addition, Governments with low vaccine coverage rates and a well-formulated plan to increase coverage could be provided with creative incentives to implement their plan;

(c) Coordination of ongoing efforts. As experience from polio eradication has clearly demonstrated, coordination of efforts is critical. The importance of coordination was also highlighted in 1984 when many agencies were working independently to raise vaccine coverage rates that were in the range of 10 per cent globally. A major conference (hosted by the Rockefeller Foundation) brought together international agencies and facilitated the coordination of their efforts through the Task Force for Child Survival. Within six years, global immunization coverage rates dramatically rose to about 80 per cent. On a global level, establishing an alliance of the public sector with industry and other private partners could have a large impact on increasing vaccine coverage. On a country level, building onto the existing mechanisms of UNDAF or the Interagency Coordinating Committee (ICC) provides a way for national Governments to work with donor agencies to develop coordinated national plans and budgets — for vaccines as well as other health needs.

44. In addition, developing a global fund for vaccines would be an important contribution for child health. This fund might help overcome the stagnation of the Expanded Programme on Immunizations — in terms of a limitation to only six different vaccines and a leveling off or decrease in vaccine coverage rates.

45. With the UNF focus, additional value includes:

(a) Strengthening partnerships within the United Nations system (UNDP could play an important role in developing financing mechanisms that provide rewards for increasing vaccine coverage within countries. Emphasis should also be placed upon close collaboration with the World Bank), outside the United Nations system, and particularly with the private sector and foundations. (Foundations supported by Mr. and Mrs. William Gates are likely to provide a large amount of support for developing vaccines. The Rockefeller Foundation also has an interest in promoting access to vaccines.);

(b) Improving the public health capacity/ infrastructure, to increase the United Nations capacity, to establish a forum in which the United Nations, the private sector, and foundations (Rockefeller, Gates, UNF, and possibly others) can work productively together, and establish creative means to increase vaccine coverage, such as through incentives.

*Measurable and achievable outcomes*

1. Sustainable vaccine delivery systems functioning in targeted areas

2. Increased vaccine coverage of 80 per cent or more of targeted populations with designated vaccines

*Examples of process indicators*

1. Increased periodic multi-year contacts and access to vaccines among underserved populations

2. Increased community participation to determine the best methods of delivering preventive health strategies

3. Increased inter-agency coordination, building upon UNDAF or ICC

4. Increased country commitment to improving immunization coverage through sustainable financial (national budget) means

*UNF-related funding to date*

46. Funding is $3 million annually over three years, some of it allocated as follows: in January 1999, the UNF supported a $2,250,000 WHO project entitled "A

pilot project of the sustainable outreach services (SOS) strategy for immunization and basic health services" which seeks new and creative ways to provide minimum preventive health services (such as immunizations or malaria prevention) to persons in Ghana, Mali, Niger, and Uganda who live beyond the usual reach of such services.

## D. Strengthening community knowledge about the needs of sick children

47. In the developing world, over 70 per cent of the deaths of children under the age of 5 are due to acute respiratory infections, diarrhoeal disease, malaria, measles, and malnutrition — often in combination. Many of these deaths in the developing world could be prevented if ill children were taken to a health care provider and received good quality, comprehensive health care. A relatively new WHO/UNICEF initiative — the Integrated Management of Childhood Illnesses (IMCI) — has a broad focus that encompasses interventions at home and in the health system with the goal of preventing child mortality by integrating delivery of preventive and general health services. The PFG stated that IMCI had one of the largest potentials to decrease child mortality. IMCI is currently being implemented in 60 countries.

### Area for UNF focus

48. At the moment, IMCI focuses primarily on the health system component of the overall strategy. UNF should support a specific emphasis on the community component, with interventions targeted at families, since the community component of IMCI has not yet been implemented. For example, a recent study in Africa found that both male and female caretakers were concerned that they did not recognize that a child was ill and thus could not judge whether to take the child to a health facility. In addition, the caretakers did not know how to use medications that were provided and were also uncertain as to what foods to give ill children. IMCI should seek to move towards the integrated management of childhood health, by strengthening the community's (i.e., primary caretakers, community health workers and traditional birth attendants) capacity to improve the health of children. Doing so will also increase the United Nations ties with the community and enable the United Nations system better to reach the poorest of the poor at the community level.

49. With the UNF focus, additional value includes:

(a) Strengthening partnerships between the community, non-governmental organizations and the United Nations;

(b) Improving the public health capacity/ infrastructure, by increasing the United Nations capacity to deliver effective programmes and, by supporting and strengthening the United Nations involvement with communities.

*Measurable and achievable outcomes*

1. Improvements in the public health system due to more people seeking appropriate health care and development and integration of a community-level component into IMCI strategies and programmes

2. Reduction of childhood mortality in targeted countries

*Examples of process indicators*

In five countries, improved community knowledge of how to recognize illness among children, when to seek health care for an ill child, how to administer medications to ill children, how to feed/provide liquids to ill children, and the importance of adhering to care recommendations.

# V. Monitoring and evaluation of the children's health programme framework

50. Given the framework's three-year time span, monitoring and evaluation activities are of critical importance in terms of assessing progress and reviewing results and outcomes. Suggestions of elements that might be included in monitoring and evaluation activities follow.

51. In the context of the framework, outcomes are the changes each programme area wants to promote in addressing a child health problem. The outcomes will be likely to result from the combined efforts of numerous organizations, all of which will provide tangible, measurable contributions within a multi-year funding framework. Each outcome should have an associated measure (performance indicator) and an

explanation of the measuring process to facilitate monitoring activities.

52. Prior to the occurrence of any monitoring and evaluation activities, it will be necessary to collect reliable baseline data from sources such as the United Nations, the World Bank, USAID, bilateral agencies, and universities. Those data are necessary for defining the parameters of each problem/disease area in the project countries and for tracking trends over time. The data should include: data on the magnitude of the disease problem and, data on the gaps in a country's ability to deliver services, provide public health interventions and conduct surveillance (condition of the public health capacity/infrastructure).

53. The expected outcomes, which will define the success of the framework's approach, can be grouped into two major areas and stated in measurable terms:

(a) Health outcomes for the target populations;

(b) Process outcomes to improve and strengthen the public health capacity/infrastructure.

## Monitoring

54. Activities that are phased allow for effective monitoring of periodic outputs and help to motivate performance by setting specific stepped targets (benchmarks and milestones) and realistic objectives within defined time-frames. This approach permits projects to build in assessments at each phase, to measure progress toward the next target, to remain flexible, and to employ corrective actions, when indicated.

55. Performance/progress measures and indicators include, but are not limited to:

(a) United Nations agencies working together at the country level (partnerships/coordination/resource mobilization);

(b) United Nations agencies working with non-governmental organizations and other appropriate organizations at the country level (partnerships/ intersectoral coordination);

(c) UNF links with other foundations (engaging additional resources);

(d) Field-based feedback on what is/is not working;

(e) Design and implementation of innovative public health (and other) interventions, including use of incentives/rewards, tax remedies, legal controls, advertising influences, bioengineered crops;

(f) Identification and spread of best practices where they are known or when they become known over the life of the project;

(g) Behaviour change of providers (first performance indicator); behaviour change of target populations (second performance indicator); behaviour change of target population over defined, extended time period (final performance indicator);

(h) Targeting of specific populations;

(i) Coordination of interventions and follow up with corrective actions under the community-based component of the Integrated Management of Childhood Illnesses (IMCI) programme.

## Evaluation

56. The sum contribution of each component of the multiple interventions will provide proof that the programme works. There are two major programme framework outcomes that are expected:

(a) Target population health outcomes: decreased mortality; behaviour change (with a stated and reasonable goal to expect) and acceptance of public health interventions; increased knowledge translated into changed actions; and improved health status.

(b) Process outcomes: an expanded and strengthened public health capacity/infrastructure (coordination of delivery system components, increase in vaccine distribution, and legal regulation); an increase in United Nations capacity (from increase in partnerships/coordination/resources); an increase in sustainability; and improved quality of effective services.